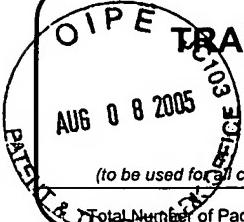
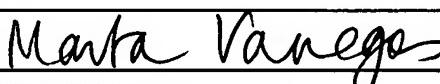


6846 834

PTO/SB/21 (09-04)

 TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/004,287
		Filing Date	October 23, 2001
		First Named Inventor	Browner, Michelle F.
		Art Unit	1624
		Examiner Name	Balasubramanian, V.
Total Number of Pages in This Submission	4	Attorney Docket Number	018781-005710US

ENCLOSURES <i>(Check all that apply)</i>					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard Request for Certificate of Correction PTO Form 1050 (Certificate of Correction)	
		Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
Certificate AUG 12 2005 of Correction					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm Name	Townsend and Townsend and Crew LLP				
Signature					
Printed name	Mark H. Hopkins				
Date	August 3, 2005	Reg. No.	44,775		

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Marta R. Vanegas	Date	August 3, 2005

60546239 v1

AUG 08 2005



Effective as of 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEES TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
(\$) 100

<i>Complete if Known</i>	
Application Number	10/004,287
Filing Date	October 23, 2001
First Named Inventor	Browner, Michelle F.
Examiner Name	Balasubramanian, V.
Art Unit	1624
Attorney Docket No.	018781-005710US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: **20-1430** Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Small Entity</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200 100
Multiple dependent claims	360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims

-20 or HP = _____ x _____ = _____

Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

-3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	x _____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 37 CFR 1.20(a) Certificate of Correction

100

SUBMITTED BY

Signature	<i>Mark H. Hopkins</i>	Registration No. (Attorney/Agent)	44,775	Telephone	925-472-5000
Name (Print/Type)	Mark H. Hopkins			Date	August 3, 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PATENT

Attorney Docket No. 0018781-005710US

On August 3, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Marta Varegas



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

BROWNER et al.

Patent No.: 6,846,834 B2

Filed: Oct. 23, 2001

For: ANTIINFLAMMATION AGENTS

Examiner: V. Balasubramanian

Art Unit: 1624

REQUEST FOR CERTIFICATE OF CORRECTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 CFR 1.322 Applicant submits a Certificate of Correction correcting printing errors made at the time of printing of the patent. A Fee Transmittal for the Certificate of Correction Fee of \$100 with Deposit Account Charge Authorization is enclosed herewith. The desired corrections are set forth on form PTO 1050, also enclosed.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mark H. Hopkins".

Mark H. Hopkins, Ph.D.
Reg. No. 44,775

TOWNSEND and TOWNSEND and CREW LLP
2175 North California Boulevard, Suite 625
Walnut Creek, California 94596
(925) 472-5000
Fax (925) 472-8895
M3H/mrv
60535847 v1

08/09/2005 MWOLGE1 00000055 201430 6846834

01 FC:1811 100.00 DA

UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

PATENT NO : 6,846,834 B2
DATED : Jan, 25, 2005
INVENTOR(S) : Browner et al.

It is certified that error appears in the above-identified patent and that said Letters Patent are hereby corrected as shown below:

On the face sheet, on the left-hand side at number (73), "Assignees", please replace "So. San Francisco, CA" with --Thousand Oaks, CA--.

In column 90 at line 3 (claim 1), please replace "(C₁₋₆)heteroalkoxyl" with --(C₁₋₆)heteroalkoxy--.

In column 90 at line 4 (claim 1), please replace "salts" with --salt--.

In column 98 at line 24 (claim 37), please replace "(C₁₋₆)heteroalkoxyl" with --(C₁₋₆)heteroalkoxy--.

In column 98 at line 25 (claim 37), please replace "salts" with --salt--.

In column 100 at line 60 (claim 53), please replace "salts" with --salt--.

MAILING ADDRESS OF SENDER: Mark H. Hopkins, Ph.D.
Townsend and Townsend and Crew LLP
Two Embarcadero Center, 8th Floor
San Francisco, CA 94111

PATENT NO. 6,846,832 B2

No. of additional copies: 1


This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 24 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2

60535862 v1